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PTO/SB/50 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0033  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	PHN 15,446R
First Named Inventor	PAUL H.M. SCHLATMANN
Original Patent Number	5,764,313
Original Patent Issue Date (Month/Day/Year)	06/09/98
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

- ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☐ \* Small Entity Statement filed in prior application, Status still proper and desired  
(PTO/SB/09-12)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: Appointment of Associates  
Charge Auth. (Rule 1.136(a)(3))

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).


### 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

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or ☒ Correspondence address below

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Signature		Date	11/17/99

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

PHN 15,446R

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 10	**** 0 =	x \$	=	or	x \$ 18 =
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 2	* 1 =	x \$	=		x \$ 78 =
Basic Fee (37 CFR 1.16(h))					\$		\$ 760.00
Total Filing Fee					\$	OR	\$ 838.00

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

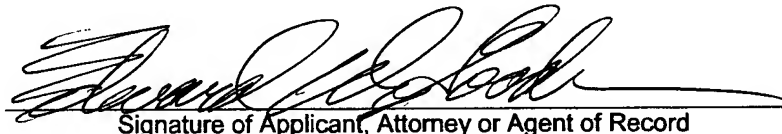
\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Please charge Deposit Account No. 14-1270 in the amount of \$838.00.  
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☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-1270.  
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Date

  
Signature of Applicant, Attorney or Agent of Record

EDWARD W. GOODMAN, REG. 28,613

Typed or printed name

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